

Office of Consumer Information and Insurance Oversight

**State Planning and Establishment Grants for the
Affordable Care Act's Exchanges**

Reporting Templates

Quarterly Project Reports

Date: April 30, 2011

State: Nevada

Project Title: Insurance Exchange Planning Grant

Project Quarter Reporting Period:

Example:

Quarter 2 (01/01/2011-03/31/2011)

Grant Contact Information

Primary Contact Name: Gloria Macdonald
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Website (if applicable): [NV Health Care Reform](#)

Award number: 1 HBEIE100022-01-00

Date submitted: 04/30/11

Project Summary

Please provide a narrative description (about 5-10 sentences) describing your progress so far in planning activities under each core area. We would like to know what activities you have undertaken to date and what you plan to undertake in the next quarter. Please refer to the Reference section at the end of this template for some examples of what you could include under each core area.

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Core Areas

- *Background Research – We are working with Public Consulting Group, Inc. (PCG) in developing lists of key information to be compiled, to identify data sources, to collect and analyze data, and to develop demographic profiles in order to prepare summary reports on the uninsured in Nevada, on the commercial insurance market in Nevada and on Medicaid, CHIP and county-based medical assistance programs. We have received draft reports on the uninsured in Nevada and on the commercial insurance markets. The publicly-subsidized report is still in development stage.*
- *Stakeholder Involvement – We have been conducting Stakeholder meetings throughout the State of Nevada in order to discuss health care reform and the role of the health insurance exchange. It has allowed the Health Care Reform (HCR) Unit to hear from Nevadan's about what's most important and how best to structure a Health Insurance Exchange that best meets the needs of Nevada residents and businesses. Detailed below is the calendar and topics for the meetings.*

| Topic | Date | City | Location |
|---------------------------------------------------------------------|----------------------------------|---------------------------------------------|-----------------------------------------------------------------------|
| Consumer outreach Education Enrollment The role of brokers | March 1, 2011 March 2, 2011 | Reno 10:00-12:00AM Las Vegas 1:00-3:00PM | Grand Sierra Resort Cashman Field Convention Center |
| The Exchange and the Commercial Market | March 29, 2011 March 30, 2011 | Reno 10:00-12:00AM Las Vegas 1:00-3:00PM | Grand Sierra Resort Cashman Field Convention Center |
| Overview of the Health Insurance Exchange | April 12, 2011 | Elko 5:30-7:30PM | Hilton Garden Inn |
| The Small Business Exchange Small Employers | April 26, 2011 April 27, 2011 | Reno 10:00-12:00AM Las Vegas 1:00-3:00PM | Grand Sierra Resort Cashman Field Convention Center |
| The Exchange and Medicaid | May 24, 2011 May 25, 2011 | Carson City Las Vegas 1:00-3:00PM | Carson City Community Center Cashman Field Convention Center |

- *Program Integration – Our subcommittee on Medicaid/Medicare have documented the various Medicaid/Medicare changes that will be phased in over the next six years. They have reviewed the mandatory and optional Medicaid provisions to determine which ones need to be implemented and when. The committee, along with key finance staff, have developed projections detailing the future expansion of the Medicaid caseload.*

The project to plan, design and build the eligibility engine for the Health Insurance Exchange has begun and key IT staff from the Department of Welfare and Supportive Services (DWSS), as well as staff from Medicaid, along with our consultants have begun working on the tasks in order to prepare the feasibility study and RFP to hire a vendor to complete the project. A steering committee has been created to monitor the progress and to coordinate with Medicaid/CHIP to ensure that processes and procedures will be integrated between the Exchange and the publicly-subsidized programs for a seamless operation.

- *Resources & Capabilities – The HCR Unit is working with our consultants in the initial identification and planning of the core operations and responsibilities of the Exchange. This is still in the preliminary stages.*
- *Governance – The Governor's administration has prepared and introduced legislation in the current legislative session to establish the Silver State Health Insurance Exchange to be an independent public entity housed within its own governmental agency. The legislation creates the administrative structure and authorizes a seven member Board to perform the duties and powers necessary to develop the operations of the Exchange. There will also be 3 non-voting ex-officio State Executives who will provide guidance and assistance as needed. The Board will adopt bylaws, create procedures, adopt regulations, hire staff, contract for professional services and prepare reports to the Governor, Legislature and the public.*
- *Finance – We will begin reviewing the functions needed for the Exchange with our consultants soon. In addition, we have begun working on the Cooperative Agreement Establishment Grant application to be submitted by June 30, 2011.*
- *Technical Infrastructure – The project to plan, design and build the eligibility engine for the Health Insurance Exchange has begun and key IT staff from the Department of Welfare and Supportive Services (DWSS), as well as staff from Medicaid, along with our consultants have begun working on the tasks in order to prepare the feasibility study and RFP to hire a vendor to complete the project. The HCR Unit, along with our consultants, will begin working on a Request For Information (RFI) document very soon in order to solicit responses from potential vendors to provide information related to services for items such as the web portal, eligibility processing, verification and enrollment and other business activities.*
- *Business Operations – We will begin reviewing the business functions needed for the Exchange with our consultant soon. This will include developing a business model and budget for set-up and operations.*
- *Regulatory or Policy Actions – As described above, legislation has been introduced in our legislative session to establish the Silver State Health Insurance Exchange.*

Barriers, Lessons Learned, and Recommendations to the Program

Please report on any issues or problems that have impacted the development and implementation of the project during the reporting period. Detail what impact any issues may have on the achievement of project targets, and set out how you plan to tackle these issues.

The biggest challenge so far has been working through the inefficient state procedures to get the grant approved. After waiting for 3 months to get the grant approved we then began the process to hire a Grant Manager. The processes for hiring are even more arcane and frustrating. We are still going through that process after 7 months. We were finally able to recruit, interview and name our finalist, but are now waiting for one more departmental approval. The grant activities are speeding up and we need the extra person as soon as possible.

Also provide any lessons that you have learned during this quarter that you think would be helpful to share with other states as well as any recommendations you have for the program.

Our State needs to change how they conduct grant approvals and they need to modernize the system for hiring personnel. There are too many requirements and too many gate keepers that waste time and money. I don't know how this helps any other States.

We have not gotten much media coverage even though our Public Information Officer notifies our media outlets. This may be due to the fact that our Legislature is in session. We are thinking about going on local news talk programs to discuss health care reform and the Exchange.

We are extremely busy with our grant activities. The demands on our time are enormous. A person needs great organizational and time management skills.

Technical Assistance

Please describe in detail any technical assistance needs you have identified through your planning activities. Please be as specific as possible about the kind of assistance needed and the topic areas you need to address. Discuss any plans you have for securing such assistance.

I believe we could benefit from information regarding qualified and experienced Exchange vendors. We will be sending out a Request for Information (RFI) in the near future.

I would love to see a sample business model with budget showing the components for a moderate sized health insurance exchange for Anywhere, USA just to have as a point of reference.

Draft Exchange Budget

In order to understand state budgetary requirements moving forward, we ask that you provide a draft budget to the extent possible for Federal fiscal years 2011 through 2014. You may specify functional areas as you deem appropriate based on the types of costs you anticipate incurring. Examples of possible functional areas include personnel, other overhead, IT and systems costs, and other operational costs. When developing IT and systems cost estimates, please ensure that you separate costs for updating Medicaid systems from costs for Exchange systems.

We anticipate creating a business model with budget projections related to the start-up costs for the business for the Insurance Exchange and for on-going operations. We have not started developing those numbers yet. Expense categories will most likely include: staff salary and benefit; general administrative services; consultants and professional support; facility costs and

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maintenance; information technology and communication; marketing and outreach; the eligibility, enrollment and premium billing services; and, evaluation, enforcement and appeals.

We currently only have estimates for the eligibility engine, which are projected in the timeline below. Federal guidance provided by the Office of Consumer Information and Insurance Oversight (OCIO) and the Center's for Medicare & Medicaid Services (CMS) indicates that Medicaid eligibility determination systems will be eligible for an enhanced Federal matching rate of 90% for system design and development and 75% for ongoing maintenance. A cost allocation methodology was used to determine the federal portion of the design and build costs and the state general fund obligation for the costs. They are detailed in the worksheet below:

| Function | FFY 2011 | FFY 2012 | FFY 2013 | FFY 2014 |
|------------------------------|-----------|-------------|--------------|-------------|
| Eligibility Engine - Federal | \$564,133 | \$1,026,181 | \$12,069,522 | \$9,426,141 |
| Eligibility Engine - State | | | \$ 763,061 | |
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Work Plan

We ask that you begin working on a draft work plan for your Exchanges that will carry your planning and implementation efforts through January 1, 2014. On a quarterly basis, we would like to see your progress in developing this plan. We would like you to provide key objectives for implementing your exchange and corresponding milestones under each of these objectives. For your first quarterly report, please provide two milestones under each core area. In your second report, please provide four milestones. For your third report and the final report, we expect your work plan to be as comprehensive as possible.

We have updated our original work plan and timeline projected through the 2011 year. It is attached and shows the progress of tasks and deliverables.

For each milestone, please provide the following:

- **Name of milestone:**
 - **Timing:**
 - **Description:**
-
- **Name of milestone:** *Background Research –Demographic research and data collection*
 - **Timing:** *Research started in December, 2010 and will be ongoing throughout 2011*
 - **Description:** *We are working with Public Consulting Group, Inc. (PCG) in developing lists of key information to be compiled, to identify data sources, to collect and analyze data, and to*

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develop demographic profiles in order to prepare summary reports on the uninsured in Nevada, on the commercial insurance market in Nevada and on Medicaid, CHIP and county-based medical assistance programs. We have received draft reports on the uninsured in Nevada and on the commercial insurance markets. The publicly-subsidized report is still in development stage.

- **Name of milestone:** *Stakeholder Involvement – State wide meetings*
- **Timing:** *We have completed 5 Stakeholder meetings throughout the State*
- **Description:** *We have been compiling a large Stakeholder list that we send our meeting invitations to. We also post public notices and send invitations and information to the media. We send out the agenda and issue paper before each meeting and prepare a power point presentation for each meeting on a different topic. We take questions and comments at the end. We have averaged about 50 attendees per meeting. Not as much as we would like, but we keep expanding our outreach. We are developing a new marketing and outreach plan to start targeting specific groups. We will also speak at group luncheons and meetings. Please refer to the calendar above for the meetings information.*

- **Name of milestone:** *Stakeholder Involvement – Stakeholder meeting*
- **Timing:** *February 2, 2011*
- **Description:** *The first Stakeholder meeting was held via video teleconference at the DHCFP District Offices in Carson City, Las Vegas, Elko and Reno. The topic discussed was the purpose and general requirements of a Health Insurance Exchange and the options that are available to Nevada.*

- **Name of milestone:** *Stakeholder Involvement – Stakeholder meeting*
- **Timing:** *March 1 & 2, 2011*
- **Description:** *The HCR Unit conducted Stakeholder meetings in Reno on March 1st and in Las Vegas on March 2nd. The topic discussed was consumer outreach, education and enrollment. In addition, outreach to the uninsured, the role of navigators and brokers, customer services and information and the types of benefits were discussed.*

- **Name of milestone:** *Stakeholder Involvement – Stakeholder meeting*
- **Timing:** *March 29 & 30, 2011*
- **Description:** *Stakeholder meetings were held in Reno on March 29th and in Las Vegas on March 30th. The topic discussed was an overview of the commercial market, individual and small group market rules, risk adjustment in the Exchange and the role of the Exchange in rating, certifying and monitoring carriers and health plans.*

- **Name of milestone:** *Stakeholder Involvement – Stakeholder meeting*
- **Timing:** *April 12, 2011*
- **Description:** *A Stakeholder meeting was held Elko. The topic discussed was the purpose and general requirements of a Health Insurance Exchange and the options that are available to Nevada. The Stakeholder meetings at the end of April will discuss the Small Business Health Options (SHOP) Exchange for small employers. The Stakeholder meetings at the end of May will discuss the Exchange and Medicaid.*

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- **Name of milestone:** *Stakeholder Involvement – Health Care Reform Website*
- **Timing:** *Set-up in 2010 and is ongoing*
- **Description:** *A Health Care Reform webpage was added to the Nevada Department of Health and Human Services website detailing information and activities related to the implementation of health care reform in Nevada. The subheadings “Hot Topics” and “What’s New” contain information specifically related to*
 - *The Exchange Community meetings*
 - *The Exchange in Nevada*
 - *Where Nevadans with Pre-Existing Conditions can apply for insurance**In addition, there is Nevada information available on a number of key issues, including:*
 - *Medicaid*
 - *Insurance Rates and Regulations*
 - *Grant Awards and Funding Opportunities*

- **Name of milestone:** *Technical Infrastructure -- Initial analysis for developing an eligibility engine*
- **Timing:** *Completed during the summer of 2010*
- **Description:** *The Department of Welfare & Supportive Services (DWSS) and the Division of Health Care Financing and Policy (DHCFP) contracted with PCG to conduct an initial assessment of a new IT system. The system will store all of the eligibility rules for the State’s publicly-subsidized health coverage programs in one place. It will be accessible to individuals shopping for health coverage from multiple entry points, such as the Health Insurance Exchange. PCG also prepared a high-level cost estimate for developing and implementing a single eligibility engine in Nevada.*

- **Name of milestone:** *Technical Infrastructure – Eligibility Engine feasibility study and RFP preparation*
- **Timing:** *Project timeline is from March 1st through December 31, 2011*
- **Description:** *A Project Management Plan (PMP) has been developed that defines the strategy for managing the project to develop an Implementation Advance Planning Document (I-APD) and a Request for Proposal (RFP) for the Health Insurance Exchange (HIX) eligibility engine on behalf of the Nevada Division of Welfare and Supportive Services (DWSS). The PMP consolidates all the planning components into a single document and acts as a set of guidelines for the project team to operate under in a consistent manner throughout the project. This project will conduct a feasibility study to refine the cost estimates in the August 2010 report and research alternatives for implementing the requirements of federal Health Care Reform. It will also update the Technology Investment Request (TIR) for submittal to the State Department of Information Technology and the Legislative Counsel Bureau. The I-APD will be developed to request the 90% federal funding of the costs of implementing the solution that is associated with Nevada’s Medicaid population. It will coordinate with representatives of the DHCFP in the development of the HIX grant application request to be submitted on June 30, 2011. And it will develop a RFP to acquire a consultant to design, develop and implement the proposed eligibility engine.*

- **Name of milestone:** *Governance and Administration -- Legislation introduced*

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- **Timing:** *March 28, 2011*
- **Description:** *The Governor's administration has prepared and introduced legislation in the current legislative session to establish the Silver State Health Insurance Exchange to be an independent public entity housed within its own governmental agency. The legislation creates the administrative structure and authorizes a seven member Board to perform the duties and powers necessary to develop the operations of the Exchange. There will also be 3 non-voting ex-officio State Executives who will provide guidance and assistance as needed. The Board will adopt bylaws, create procedures, adopt regulations, hire staff, contract for professional services and prepare reports to the Governor, Legislature and the public. The bill was referred to the Finance Committee. We are waiting for it to be scheduled for hearing.*

States may be creating their own work plan and/or timeline format. Please ensure that you provide the required number of milestones and that your plan goes through January 1, 2014.

Collaborations/Partnerships

Report on who you are working with outside of your office or department, and any changes or issues in your institutional context and/or any progress or issues with your project partners (where applicable).

- **Name of Partner:**
- **Organizational Type of Partner:**
 - Health Department
 - Federally Qualified Health Center
 - Health Maintenance Organization
 - Hospital
 - Private Insurance
 - Employer
 - Employer Group
 - Other (Please specify)
- **Role of Partner in Establishing Insurance Exchange:**
- **Accomplishments of Partnership:**
- **Barriers/Challenges of Partnership:**

The Health Care Reform unit is comprised of two individuals who work for the Department of Health and Human Services within the Division of Health Care Financing and Policy (DHCFP). Soon a third person will be hired as the Grant Manager for the Exchange Planning Grant. They are collaborating with other state employees working with the following departments or agencies:

Department of Health and Human Services – The Director, Mike Willden, is the manager of the main health care reform work group for the State. He conducts the meetings and provides

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leadership to the various participants as they perform the work group tasks. He is also the liaison who provides updates, information and recommendations to the Governor's office.

The Division of Insurance – The Commissioner and staff are active participants in the work group meetings. They are overseeing the implementation of the reforms to health insurance and working with insurance plans, brokers, and agents to identify and resolve relevant issues. In addition, they are performing the activities for the Rate Review Process for Premium Increases grant. Moreover, providing data and researching Exchanges in other states have been done by the Insurance Commission. They helped in developing the Stakeholder list for public meetings and the Insurance Commissioner has participated in some of the meetings. Most recently they have been working with carriers regarding the new MLR regulations. There have been issues with child only policies and they have been trying to mitigate the issues so carriers will participate.

Office of the Governor Consumer Health Assistance – The Director is an active participant in the work group meetings and is performing the grant activities for the Office of Consumer Health Grants grant. She has helped in developing the Stakeholder list for public meetings and participates when we have meetings in Las Vegas. She makes copies of our handouts and lets us borrow her computer and projector for presenting the materials.

Department of Welfare and Supportive Services – The Director is an active participant in the work group meetings and his staff has been working on the assessment and feasibility study activities for the eligibility engine project. They have begun the next phase of developing the I-APD and RFP for procuring a vendor to design and build the eligibility engine.

The Public Employees Benefit Plan – The Director is an active participant in the work group meetings and provides information or data as needed.

The Division of Health Financing and Policy – The Director and staff participate actively in the work group. Smaller division workgroups have been working on the various provisions and mandates of the ACA. The workgroups continue to meet on a periodic basis.

The Attorney General's Office – Staff actively participates in the work group meetings and provides information or recommendations as needed.

The Governor's Office – Legal staff actively participate in the work group meetings providing information or recommendations as needed.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1101. The time required to complete this information collection is estimated to average (433 hours) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Final Project Report

Please include the same header information that is outlined in the Quarterly Project Report Template.

Project Detail

Succinctly summarize the project and what was accomplished during the entire grant period, highlighting anything that has not been reported since your last interim progress report for each of the core areas.

As succinctly as possible, summarize major opportunities, obstacles, challenges, and any changes in the project or your organization that have you encountered over the grant period. For each core area, please provide a description of the decisions that were made through your planning process. Some additional suggestions for information to include are below.

Core Areas

- **Background Research.** Please provide a summary of the research you conducted, key findings, and plans that resulted from this research.
- **Stakeholder Involvement.** Please provide an accounting of all stakeholder involvement that took place during the project period including a listing of the stakeholders you consulted. Please also include lessons learned from these consultations.
- **Program Integration.** Please provide a description of the activities you undertook to coordinate with Medicaid and other public programs in your state, the outcomes of these conversations, and any barriers you face or have overcome.
- **Resources & Capabilities.** This core area should be addressed through your needs assessment.
- **Governance.** If you have reached a decision on the governance structure for your Exchange, please provide a description here. If not, please report on your progress in this area.
- **Finance.** Please describe any activities you undertook in terms of planning for financial management, prevention of fraud and abuse, and annual auditing.
- **Technical Infrastructure.** Please provide any relevant information that you did not provide in your needs assessment.
- **Business Operations.** Please provide information on any decisions you made in the areas of eligibility determinations, plan qualification, plan bidding, application of quality rating systems and rate justification, administration of premium tax credits and cost-sharing assistance, and risk adjustment.

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- **Regulatory or Policy Actions.** Please describe the enabling legislation you plan to seek and any challenges or barriers you have faced in this regard. If possible, attach your enabling legislation.

Needs Assessment

Please provide a detailed needs assessment that includes:

- A budget of projected funding needs through Federal Fiscal Year 2014
- An accounting of number of personnel needed
- A list and description of contracts you plan to award and when you plan to do so (if available)
- An assessment of the information technology builds and systems changes required to establish an operational Exchange

| Function | FFY 2011 | FFY 2012 | FFY 2013 | FFY 2014 |
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Technical Assistance

As succinctly as possible, summarize the technical assistance that you will require in order to develop and establish an Exchange. Be sure to highlight anything that has not been reported since your last interim progress report. Please rank in order of priority/need with one being the most crucial assistance. Discuss any plans you have for securing such assistance.

Final Project Work Plan

Please provide a draft work plan that includes goals, objectives, responsible parties, costs, timeframes, and milestones for each year through January 1, 2014. For each core area of work, either those defined above or a different designation of core functional areas viewed as more useful by your state, provide key objectives and milestones for carrying out the establishment of an Exchange. We want to know how you plan to get to 2014 and the steps that you plan to take along the way. We would also like to know how you are monitoring progress toward these milestones. Please refer to the framework for listing milestones that was provided in the quarterly report template.

Final Evaluation Report

Please provide an evaluation plan to include a detailed description of data collection activities and analyses, from which the State will evaluate the progress of your Exchange in meeting your

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goals and the goals of the Exchange as articulated by the federal government. Please provide information on the performance measures you intend to track.

Exchange Deliverables

Submit copies of any deliverables (plans, documentation of planning activities, etc.), public recognition, press releases, or new articles that are pertinent to this project and that were received since the last progress report, if any.

PRA Disclosure Statement

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Public Report

Grantees are required to prominently post progress reports about their planning grants on their respective Internet websites to ensure that the public has information on the use of funds. The Public Report must be compliant with Section 508 (see <http://www.section508.gov/> for more information). The required public report includes, but is not limited to:

1. Project Summary – an overview of the grantee's activities, both planned and accomplished
2. Stakeholder Involvement – an outline of any and all opportunities for involvement to the residents of the State and other pertinent stakeholders. This includes any discussions regarding the Exchanges such as public hearings, town hall meetings, etc.
3. Budget – the total amount of the grant award and the broad budgetary categories of the award.
4. Deliverables – all press releases, news articles, public recognition, and any other documentation allowed by law for public disclosure.

In addition, it is the grantees discretion to publicly disclose any and all information in the quarterly and/or final project reports.

PRA Disclosure Statement

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Reference – Core Areas

- **Background Research** – May include research to determine the number of uninsured in the State including, but not limited to, those potentially eligible for the Exchange, and those eligible for Medicaid or their employer's coverage and currently not enrolled.
- **Stakeholder Involvement** – May include a list of the stakeholders within the State who will be involved in the State's decision about whether to operate the Exchange and planning/implementation of the Exchange, including the role proposed for each stakeholder as well as agreements with those stakeholders that may be in place at this time. Developing stakeholder involvement may include a plan to gain public awareness and commitment of key stakeholders through task forces and activities in various venues to obtain stakeholders' input.
- **Program Integration** – May include a description of how an Exchange will build on existing State and Federal programs such as Medicaid and CHIP. This may also include current State activities similar to an Exchange.
- **Resources and Capabilities** – May include an assessment of current and future staff levels, contracting capabilities and needs, and information technology.
- **Governance** – May include planning for a State-run Exchange or an Exchange run by an independent entity. If an Exchange is expected to be State-run, planning could include determinations of where the Exchange would reside, what the governing structure would be, and to what departments or officials it would be accountable. If an Exchange is expected to be established through an independent entity, planning could include the development of the governance structure, appointment process, conflict of interest rules, and mechanisms of accountability. If the State is planning to coordinate with other States for a regional Exchange, activities relating to coordination with other States to establish an Exchange, determine markets, and ensure licensure and consumer protections could be developed.
- **Finance** – May include pathways to developing accounting and auditing standards, mechanisms of transparency to the public, and procedures to facilitate reporting to the Secretary.
- **Technical Infrastructure** – May include the planning for a web portal and/or a call center to meet the increased need for consumer education, the coordination of Medicaid and Exchange-related activities, and the integration of Health Information Exchange standards for program interoperability.
- **Business Operations** – May include plans for eligibility determinations, plan qualification, plan bidding, application of quality rating systems and rate justification, administration of premium credits and cost-sharing assistance, and risk adjustment.
- **Regulatory or Policy Actions** – May include a determination of the scope and detail of enabling legislation and implementing State regulations.